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CONFIRMATION NO. 6844

SERIAL NUMBER 10/521,067	FILING DATE 01/11/2005 RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. 31092-05
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APPLICANTS

Spencer P. ~~Thomson~~, Nashville, TN;Thorton

Ellen Troyer, Colorado Springs, CO;

** CONTINUING DATA *****

This application is a 371 of PCT/US03/22297 07/17/2003
 which claims benefit of 60/396,222 07/17/2002

OK

** FOREIGN APPLICATIONS *****

None

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY TN	DRAWING 1	CLAIMS 20	CLAIMS 3
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Nexsen Pruet
 P O Box 10107
 Greenville, SC
 29603

TITLE

Treatment for dry eye syndrome

FILING FEE RECEIVED 250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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